

RECEIVED
CENTRAL FAX CENTER

JAN 06 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Spinelli et al.	Group Art Unit:	3738
Application	09/713,598	Examiner:	Corrine McDermott
Filed:	November 15, 2000	Due Date:	
Docket No.:	P-9580.00US		
For:	Minimally Invasive Apparatus for Implanting a Sacral Stimulation Lead		

**PETITION FOR REVIVAL OF AN UNINTENTIONALLY ABANDONED
APPLICATION FOR PATENT
UNDER 37 CFR 1.137(b)**

Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Fax: 703-872-9306

A timely and proper reply to the Notice of Allowance and Fee Due for the above-identified application, that was mailed on April 7, 2004, by the United States Patent & Trademark Office was not filed.

Applicant hereby petitions for revival of this application.

Please find enclosed the following documents to complete the filing requirements for the above-identified application:

1. PTOL Form 85B-Issue Fee Payment (charge \$1400.00 to Deposit Account No. 13-2546)
2. Formal Drawings

Applicant also includes a \$1500.00 Petition Fee (charge to Deposit Account No. 13-2546). Since this application was filed after June 8, 1995, a terminal disclaimer is not required.

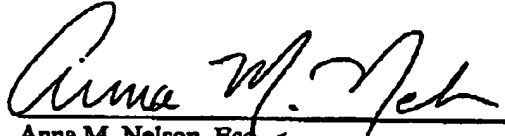
Applicant hereby asserts that the entire delay from the due date, until the filing of this grantable petition under 37 CFR 1.137(b) including the required reply was unintentional.

Application No.: 09/713,598**Page 2****Petition to Revive an Application for Unintentional Abandonment**

The Commissioner is authorized to charge the \$1400.00 for the Issue fee payment and \$1500.00 for the petition fee, as well as any deficiencies, and credit any overpayments, to Deposit Account No. 13-2546.

Respectfully submitted,

Date: January 6, 2005



Anna M. Nelson, Esq.
Registration No. 48,935
MEDTRONIC, INC.
710 Medtronic Parkway
Minneapolis, Minnesota 55432
Phone: 763.505.0409
Fax: 763.505.0411
Customer No.: 27581

I hereby certify that this correspondence is being:

☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mailing an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

☒ transmitted by facsimile on the date shown below to the United States Patent and Trademark office at 703-872-9306

January 6, 2005

Date



Signature

Jodi D. Nickel

Type or print name

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

(CURRENT CORRESPONDENCE ADDRESS (Must Legibly match-up with any correction or use Block 1))

37381 1590 04/07/2004

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

WILLIAM D. NICKEL (Depositor's name)
For & on behalf of (Signature)
January 6, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/113,598	11/15/2000	George Mamo	P-9380.00	3041

TITLE OF INVENTION: MINIMALLY INVASIVE METHOD FOR IMPLANTING A SACRAL STIMULATION LEAD

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MATTHEWS, WILLIAM H	3738	128-898000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Thomas F. Woods
Kenneth M. Campbell
Stephen W. Bauer

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2546 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Anna M. Mel

NOTE: The Issue Fee and Publication Fee (if required) will not be refunded from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. ANY comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

PAGE 4/38 * RCVD AT 1/6/2005 2:53:28 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-18 * DNS:8729306 * CSID:763 505 0411 * DURATION (mm:ss):06:24

03/31/2005 AKELLEY 00000016 09713598

02 FC:1501 1400.00 DA